# 2005 FOR PROFIT CORPORATION

# **ANNUAL REPORT**

**DOCUMENT # P03000157166** 

MARK TOMPKINS ENTERPRISES, INC.



Principal Place of Business

Mailing Address

6111 55TH TERRACE E BRADENTON, FL 34203 6111 55TH TERRACE E BRADENTON, FL 34203

## **FILED** Apr 02, 2005 08:00 AM Secretary of State



#### DO NOT WRITE IN THIS SPACE

03222005 No Chg-P CR2E034 (10/03)

4. FEI Number 93-1335537 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

TOMPKINS, MARK 6111 55TH TERRACE E BRADENTON, FL 34203

### DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating)  DATE					
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOMPKINS, MARK 6111 55TH TERRACE E BRADENTON, FL 34203				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOMPKINS, MARY 6111 55TH TERRACE E BRADENTON, FL 34203				U00000285005 04/02/05-80027-021 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>-</sup>	THIS SPACE
TITLE NAME STHEET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachingnt with an address; with pl other like empowered.

SIGNATURE:

CITY-ST-ZIP